

1588

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>Organization</b>	Coleman Professional Services – Coleman Pregnancy Center
<b>Federal Tax ID Number</b>	
<b>Street Address</b>	5982 Rhodes Rd
<b>City, State Zip code</b>	Kent, OH 44240
<b>County of Location Providing Services (One Application Per Location)</b>	Portage County
<b>Address where ODH should Direct Payment</b>	Coleman Professional Services ATTN: Coleman Pregnancy Center 5982 Rhodes Rd Kent, OH 44240
<b>Counties of Service</b> <i>This location serves women from the following counties:</i>	Portage, Summit, Stark
<b>Name of Person and Title completing application</b>	Desra Diehl, Pregnancy Advocate Intern
<b>Area Code/Phone Number</b>	(330) 676-6842
<b>Email</b>	pregnancy@colemanservices.org

**II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

**III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.

**IV. For Current Choose Life Organizations:** By June 1, 2016, you must submit the following with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
  - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
  - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
  - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
  - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
  - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
  - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; *and,*

4. A new *Supplier Information Form*. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

**V. For New Choose Life Organization Applicants:** By June 1, 2016 submit the following:

- One (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed *Supplier Information Form*

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed *Authorization Agreement for Direct Deposit of EFT Payments* form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

**VI. By June 1, 2017, all Organizations** shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5-31-16  
Date

  
Signature of Person Completing Application

Desra Diehl, Pregnancy Advocate Intern  
[Print Name & Title]

**Application to be submitted to:**

Ohio Department of Health  
Bureau of Maternal and Child Health  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215  
Attention: Marius Igwe

Phone: 614.466.4634  
Email: [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Coleman Professional Services, Inc.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☒ Other (see instructions) ▶

**501(c)(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

**5982 Rhodes Road**

6 City, state, and ZIP code

**Kent, Ohio 44240**

Requester's name and address (optional)

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
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or

Employer identification number

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

**4/14/2011**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



## SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. Incomplete forms will be returned. All information must be legible. Ensure this is the latest version of the form at [www.ohiosharedservices.ohio.gov](http://www.ohiosharedservices.ohio.gov).

### SECTION 1 - PLEASE SPECIFY TYPE OF ACTION (REQUIRED)

☒ NEW (W-9 OR W-8ECI FORM ATTACHED) ☐ CHANGE OF CONTACT PERSON/INFORMATON

☐ ADDITIONAL ADDRESS

☐ CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)

ADDRESS TO BE REPLACED:

☐ CHANGE OF TIN (W-9 & A CHANGE OF TIN FORM)

☐ CHANGE OF NAME (W-9 & A CHANGE OF NAME FORM)

☐ CHANGE OF PAY TERMS

☐ CHANGE OF PO DISPATCH METHOD

☐ OTHER \_\_\_\_\_

### SECTION 2 - PLEASE PROVIDE SUPPLIER INFORMATION (REQUIRED)

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM) Coleman Professional Services

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE) Coleman Pregnancy Center

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN)<sup>1</sup>:



### SECTION 3 - REMIT TO ADDRESS (REQUIRED)

ADDRESS: 5982 Rhodes Rd

COUNTY: Portage

ADDRESS (CONT.):

CITY: Kent

STATE: OH

ZIP CODE: 44240

CONTACT NAME: Ru Conaway

PHONE: (330) 676-6842

FAX: (330) 678-3677

E-MAIL: [pregnancy@colemanservices.org](mailto:pregnancy@colemanservices.org)

### SECTION 4 - ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS:

COUNTY:

ADDRESS (CONT.):

CITY:

STATE:

ZIP CODE:

SECTION 5 - CONTACT PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE E-MAIL ADDRESS BELOW - (BUSINESSES ONLY)

NAME: Ru Conaway

E-MAIL: pregnancy@colemanservices.org

TO ADD AN ADDITIONAL OR TO REPLACE THE CURRENT STRATEGIC SOURCING (SS) CONTACT

☐ ADDITIONAL STRATEGIC SOURCING CONTACT

☐ REPLACE SS CONTACT (WILL BE MARKED INACTIVE)

NAME:

E-MAIL:

SECTION 6 - PAYMENT TERMS (PLEASE CHECK ONE - IF NONE IS SELECTED THEN NET 30 WILL APPLY)  
Invoices will be paid in 30 days from invoice date unless an alternate payment is checked below

☐ 2/10 NET 30

☐ NET 30

SECTION 7 - PURCHASE ORDER DISTRIBUTION - OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POs)

E-MAIL OR FAX:

SECTION 8 - PLEASE SIGN & DATE (REQUIRED)

PRINT NAME: Desra Diehl

SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED)

DATE: 5-31-2016

SECTION 9 - STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)

AGENCY CONTACT NAME/E-MAIL/PHONE:

Ru Conaway / pregnancy@colemanservices.org / (330) 678-6842

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.  
1 Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each supplier.

SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:

Email: [supplier@ohio.gov](mailto:supplier@ohio.gov)  
Fax: (614) 753-1057  
Mail: Ohio Shared Services  
Attn: Supplier Registration  
P.O. Box 828000 Columbus, OH 43215-8800

QUESTIONS? PLEASE CONTACT:

Phone: (614) 318-1331 / (614) 318-1731  
Web: [www.ohio.gov/procurement](http://www.ohio.gov/procurement)  
Email: [supplier@ohio.gov](mailto:supplier@ohio.gov)

# INVOICE

Invoice #: 0104  
Invoice Date: 09/13/2016  
Purchase Order #: DOH01-0000045582  
OAKS Vendor #: 0000053123

Bill To: Ohio Department of Health  
Bureau of Maternal, Child and Family Health  
P.O. Box 118  
Columbus, Ohio 43216

Remit To: Coleman Professional Services, Inc.  
5982 Rhodes Rd  
Kent, Ohio 44240

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$ 973.33

Program Approval: <u>[Signature]</u>	Grand Total	\$973.33
Approval Date: <u>9/23/16</u> <u>OK to pay</u>		



# Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services **MUST** be included on the invoice.

## Dept of Health

Supplier:  
0000053123  
COLEMAN PROFESSIONAL SERVICES INC  
5962 RHODES RD  
KENT OH 44240

Purchase Order		Date		Revision		Page	
DOR01-0000045582		08/30/2016				1	
Payment Terms		Freight Terms		Ship Via			
Net 30		FOB Destination, Prepaid		N/A			
Kennon A Hughes		Phone		Currency		USD	

Ship To: Dept of Health  
P003574  
KENNON A HUGHES  
P.O. Box 118  
(614) 466-3543  
Columbus OH 43216-0118  
United States

Bill To: Dept of Health  
P.O. Box 118  
(614) 466-3543  
Columbus OH 43216-0118  
United States

Line-Sch	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	1	AMT	973.33	973.33	

Choose Life Program

Schedule Total 973.33

Item Total 973.33

ODH Contact: Marius Igwe 614-466-4634 Contract# 8030

Total PO Amount 973.33

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

### Department Head

Richard Hodges, MPA  
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Richard Hodges/Director of Health

Desra Diehl  
Coleman Professional Services-Coleman Pregnancy Center  
5982 Rhodes Road  
Kent, OH 44240

Tax ID: [REDACTED]

Dear Ms. Diehl:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

- Portage \$ 520.00
- Stark \$ 453.33

Application(s) was not approved for the following county(s) for the following reason(s):

- Summit Other applicant organization located in county

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$973.33 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or phone 614-466-4634.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Hodges'.

Richard Hodges, MPA  
Director of Health